

 Athlete Registration

**Athlete Name**

Click here to enter text.

**Birthdate**  Month Date Year

Choose an item.

Choose an item.

Choose an item.

**Contact Number** Type

Click here to enter text.

Click here to enter text.

**Email address**

**Mailing Address** Street

Click here to enter text.

 City State Zip Code

Click here to enter text.

Choose an item.

Click here to enter text.

**\*Please submit this form via email to critiquebaseball@gmail.com**